

## SUPPLEMENTAL REPORT DAILY EFFLUENT MONITORING

Facility Name: Sonneborn  
Municipality: Fairview Township County: Butler  
Watershed: 17-C  
Laboratories: \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_  
NPDES Permit No.: PA0002666 Outfall No.: 003  
Renewal application due **180 days** prior to expiration  
This permit will expire on December 31, 2019

Effluent Parameters																		
Day	Flow		pH		CBOD5		TSS		Oil and Grease		Total Aluminum		Total Iron		Total Manganese			
	Q	MGD	Q	S.U.	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	
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I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: \_\_\_\_\_  
Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

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Facility Name: Sonneborn  
Municipality: Fairview Township County: Butler  
Watershed: 17-C  
Laboratories: \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_  
NPDES Permit No.: PA0002666 Outfall No.: 007  
Renewal application due **180 days** prior to expiration  
This permit will expire on December 31, 2019

Day	Effluent Parameters																	
	Flow		pH		CBOD5		TSS		Oil and Grease		Total Aluminum		Total Barium		Total Iron		Total Manganese	
	Q	MGD	Q	S.U.	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L
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Prepared By: \_\_\_\_\_  
Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

## SUPPLEMENTAL REPORT DAILY EFFLUENT MONITORING

Facility Name: Sonneborn  
Municipality: Fairview Township County: Butler  
Watershed: 17-C  
Laboratories: \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_  
NPDES Permit No.: PA0002666 Outfall No.: 010  
Renewal application due **180 days** prior to expiration  
This permit will expire on \_\_\_\_\_

Effluent Parameters																		
Day	Flow		pH		DO		Temperature		CBOD5		TSS		Total Dissolved Solids		Oil and Grease		Fecal Coliform	
	Q	MGD	Q	S.U.	Q	mg/L	Q	°F	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	CFU/100 ml
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Date: \_\_\_\_\_

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Municipality: Fairview Township County: Butler  
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Laboratories: \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_  
NPDES Permit No.: PA0002666 Outfall No.: 010  
Renewal application due **180 days** prior to expiration  
This permit will expire on \_\_\_\_\_

Day		Effluent Parameters																	
		Ammonia		Total Aluminum		Total Iron		Total Manganese		Sulfate		Chloride		Bromide					
		Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q		Q	
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Date: \_\_\_\_\_

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Facility Name: Sonneborn  
Municipality: Fairview Township County: Butler  
Watershed: 17-C  
Laboratories: \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_  
NPDES Permit No.: PA0002666 Outfall No.: 021  
Renewal application due **180 days** prior to expiration  
This permit will expire on \_\_\_\_\_

Effluent Parameters																		
Day	Flow		pH		CBOD5		TSS		Oil and Grease		Total Aluminum		Total Iron		Total Manganese			
	Q	MGD	Q	S.U.	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	
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Prepared By: \_\_\_\_\_  
Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

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Facility Name: Sonneborn  
Municipality: Fairview Township County: Butler  
Watershed: 17-C  
Laboratories: \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_  
NPDES Permit No.: PA0002666 Outfall No.: 022  
Renewal application due **180 days** prior to expiration  
This permit will expire on \_\_\_\_\_

Day	Effluent Parameters																
	Flow		pH		CBOD5		TSS		Oil and Grease		Total Aluminum		Total Iron		Total Manganese		
	Q	MGD	Q	S.U.	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q
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Municipality: Fairview Township County: Butler  
Watershed: 17-C  
Laboratories: \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_  
NPDES Permit No.: PA0002666 Outfall No.: 023  
Renewal application due **180 days** prior to expiration  
This permit will expire on \_\_\_\_\_

Day	Effluent Parameters																
	Flow		pH		CBOD5		TSS		Oil and Grease		Total Aluminum		Total Iron		Total Manganese		
	Q	MGD	Q	S.U.	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q
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Facility Name: Sonneborn  
Municipality: Fairview Township County: Butler  
Watershed: 17-C  
Laboratories: \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_  
NPDES Permit No.: PA0002666 Outfall No.: 024  
Renewal application due **180 days** prior to expiration  
This permit will expire on \_\_\_\_\_

Effluent Parameters																		
Day	Flow		pH		CBOD5		TSS		Oil and Grease		Total Aluminum		Total Iron		Total Manganese			
	Q	MGD	Q	S.U.	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	
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Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

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Facility Name: Sonneborn  
Municipality: Fairview Township County: Butler  
Watershed: 17-C  
Laboratories: \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_  
NPDES Permit No.: PA0002666 Outfall No.: 025  
Renewal application due **180 days** prior to expiration  
This permit will expire on \_\_\_\_\_

Effluent Parameters																		
Day	Flow		pH		CBOD5		TSS		Oil and Grease		Total Aluminum		Total Iron		Total Manganese			
	Q	MGD	Q	S.U.	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	
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Prepared By: \_\_\_\_\_  
Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_



**pennsylvania**  
DEPARTMENT OF ENVIRONMENTAL PROTECTION

## INSTRUCTIONS FOR COMPLETING DAILY EFFLUENT MONITORING SUPPLEMENTAL REPORT

Use this form to report daily monitoring results for the parameters that must be monitored in effluent for compliance with the permit. Results for influent parameters are normally reported on Form 3800-FM-BPNPSM0436.

1. Enter Facility Name, Municipality, County, Watershed No., Laboratories, Month, Year, NPDES Permit No., Outfall No., and Permit Expiration Date (it is noted that this information may be pre-populated if you have received this form with your permit). For Laboratories, list the names of all laboratories where samples were analyzed during the month, including on-site analysis.
2. In the column headers, below "Effluent Parameters," enter the names of parameters in the permit. Since limited space is provided, abbreviation may be necessary. If there are more parameters for an outfall than columns provided on the form, attach an additional sheet.
3. Below parameter names, and to the right of "Q" (Qualifier) column headers, enter the units associated each parameter (it is noted that this information may be pre-populated if you have received this form with your permit).
4. Enter monitoring results for parameters in the rows corresponding to the day of the month in which samples were collected. Enter results exactly as reported by the laboratory, or if measured with on-site equipment, to the level of precision recommended by the equipment manufacturer. Enter data qualifiers such as "<," ">," "J," and others in the "Q" column.
5. Calculate and report average values at the bottom of the table in accordance with the DMR Instructions (3800-FM-BPNPSM0463) and DEP guidance (3800-BK-DEP3047). Note – for bacteria, calculate and report the geometric mean value.
6. Type the name of the person who prepared the form, the person's job title, and sign and date the form after reading the certification statement.